

KANSAS MEDICAID STATE PLAN

Attachment 3.1-A  
#3

Other Laboratory and X-Ray Services Limitations

Computerized axial tomography (CAT) scans are limited to those performed for diagnostic purposes.

Premarital blood tests are noncovered.

Paternal blood tests are noncovered.

Transportation of specimens is noncovered.

Catheterization for collection of specimens for adult care home recipients is noncovered.

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### KAN Be Healthy (Early and Periodic Screening Diagnosis and Treatment) Limitations

Non-covered procedures will be covered for EPSDT participants if determined to be medically necessary. Limitations will be exceeded for EPSDT participants when determined medically necessary through the prior authorization process.

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for other Medicaid Consumers	Expanded Services for KAN BE Healthy (EPSDT) Participants to Include:
Inpatient Hospital Services	No	Elective Surgery is covered
Outpatient Hospital Services	No	Elective Surgery is covered
Rural Health Clinics Services	Yes	
Federally Qualified Health Centers	Yes	
Other Laboratory & X-Ray Services	Yes	
Nursing Facility over age 21 Services	Yes	
Family Planning Services	Yes	

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### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Physician's Services	No	Non-psychiatric office visits up to 24 per calendar year which includes nonemergency hospital visits; elective and nonelective surgeries; and individual psychotherapy up to 40 hours per calendar year. A special psychiatric program for children is covered with prior authorization.
Podiatric Services	No	Podiatry services are included in the physician limitation of 24 total office visits per year.
Optometric Services	No	Eye exams, refractions and coordination testing are unlimited.
Chiropractic Services	No	One physical and one history per calendar year are covered.

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Substitute per letter dated 11/13/96 "

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### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Other Practitioners' Services	No	40 hours of individual psychotherapy per calendar year are covered. Psychotherapy is covered up to 4 hours per month with prior authorization.  Dietitian Services
Home Health Nursing Services	No	Respiratory therapy is covered. Attendant care for independent living is covered.
Home Health Aide Services	Yes	
Home Health Medical Supplies	Yes	
Home Health, PT, OT, Speech Pathology	No	Additional services with prior authorization.

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Substitute per letter dated 11/13/96 "

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### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Clinic Services	No	Elective surgery is covered at ambulatory surgical centers. 40 hours of individual psychotherapy are covered per calendar year at CMHCs. 12 hours of case conference are covered per calendar year at CMCHs.
Dental Services	No	Participants must have KAN Be Healthy dental screening to receive dental services including cleaning, fluoride treatment, fillings, pulpotomy, extraction, x-rays, dentures, endodontia and orthodontia. Those participants requesting orthodontia must have a medical screening in addition to dental screening. Some services require prior authorization.

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### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Audiology	No	Hearing aids incorporated into eyeglasses and binaural aids are covered with prior authorization.
Prescribed Drugs	No	Antihistamines, cold and cough medicines and vitamins are covered.
Dentures	No	Partial dentures, repair and adjustment are covered.
Prosthetic and Orthotic Devices	Yes	
Eyeglasses	No	KAN Be Healthy vision screening is required. The second and subsequent sets of eyeglasses or lenses within a 4 year period are covered when glasses are lost or broken. Contact lenses and certain tints require prior authorization.

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### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Rehabilitation Services	No	Attendant care. Comprehensive evaluation and treatment with a maximum of 90 to 120 days. In-home therapy. Up to 140 day maximum stay in Level V Group Care. Up to six month stay in Level VI Group Care. Up to 5 days placement for observation and stabilization. Specialized residential group treatment with prior authorization. Up to 180 days of therapeutic foster care. Prior authorization required for all services.
ICF/MR Services	Yes	
Inpatient Psychiatric Facilities Services for those Under 22	Yes	
Nurse-Midwife Services	Yes	
Hospice Services	Yes	

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### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Targeted Case Management Services	Yes	
Extended Services to Pregnant Women	Yes	
Other Pregnancy Related Services	Yes	
Transportation Services	No	Nonambulance transportation is covered with prior authorization for all medical visits.
Nursing Facility Services for Those Under 21	Yes	
Emergency Hospital Services	Yes	
Maternity Center Services	Yes	
Equipment and Supplies	No	Wheelchair purchase more than once every five years.

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### KAN Be Healthy (Early and Periodic Screening, Diagnosis and Treatment) Limitations

Services	Same Limitations Apply for KAN Be Healthy (EPSDT) Participants as for Other Medicaid Consumers	Expanded Services for KAN Be Healthy (EPSDT) Participants to Include:
Advanced Registered Nurse Practitioner	No	KAN Be Healthy screens. Targeted Case Management for Technology Assisted Children.
Local Health Departments	No	KAN Be Healthy screens.
Community Mental Health Centers	No	Individual psychotherapy up to 40 hours per calendar year and psychological testing up to 6 hours every two years.
Psychotherapy	No	Individual, group and family psychotherapy up to 40 hours per calendar year and a specialized program for children with prior authorization.
Local Education Agency	No	Speech, occupational therapy, physical therapy and KAN Be Healthy screens are covered.

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Family Planning Services Limitations

1. Family planning services provided by physicians have no limitations.
2. Family planning services provided in health departments are limited to one initial visit per consumer, one annual visit per year and interim visits as needed.